

€–1335.30, the largest difference was due to the length of hospital stay (€–1468.50). The surgical procedure was the only item that resulted in more resource consumption in the TVT procedure (differential cost per patient of €158.29). Sensitivity analyses showed that even in the case where the TVT patients are hospitalized for 3 days, the TVT procedure remains the least resource consuming and the least costly option (differential cost per patient of €–513.80). **CONCLUSIONS:** The TVT procedure proved to be more efficient than the OBC option in the surgical treatment of female SUI.

PUK7**DITROPAN XL VERSUS DETROL IN CANADA: ECONOMIC ANALYSIS**

Getsios D¹, Caro JJ², Ishak KJ³, El-Hadi W³, Payne KA⁴, Luong D⁵, McMahon D⁶

¹Caro Research Institute, Halifax, NS, Canada; ²Caro Research Institute, Concord, MA, USA; ³Caro Research Institute, Dorval, QC, Canada; ⁴Caro Research Institute, Montreal, QC, Canada; ⁵Janssen Ortho Inc, Toronto, ON, Canada; ⁶Confex, Cumberland, RI, USA

OBJECTIVE: This analysis addresses the cost-effectiveness of the new extended release formulation (XL) of Ditropan (oxybutynin) for the treatment of overactive bladder relative to immediate release Detrol (tolterodine), if the drugs are priced equivalently. **METHODS:** A state-transition model was developed to compare health economic outcomes over the course of one year. Effectiveness and treatment persistence data were derived from the OBJECT trial, a 3-month randomized, double-blind study comparing Ditropan XL 10 mg with Detrol 4mg and used, together with data from the literature to project outcomes beyond the trial time. Severity-specific cost profiles for incontinence were developed for the province of Ontario, and are reported in 2002 Canadian dollars. In the principal analyses, only direct costs were included and were limited to drug price, physician visits, and pad or protection usage. **RESULTS:** Ditropan XL is predicted to be the dominant therapeutic option, with higher effectiveness and lower overall costs than Detrol. After 1 year, total costs are expected to be an average of \$32 lower per patient with Ditropan XL, while 3.15 more patients per 100 treated attain complete continence (20.4% versus 17.2%). As well, more patients treated with Ditropan XL have less than 7 incontinent episodes per week. Over the course of the year, patients on Ditropan XL are expected to have an average of 16 additional incontinence-free days. Results are most sensitive to relative drug prices, with a price differential of only \$0.11 per day required for savings with Ditropan XL to be eliminated. In other sensitivity analyses, however, Ditropan XL maintained its advantage over wide ranges of inputs. **CONCLUSION:** These analyses suggest that, at price parity, Ditropan XL provides better results than Detrol over 1 year and reduces costs.

PUK8**SEVELAMER USE IN HYPERPHOSPHATEMIA: HEALTH AND ECONOMIC CONSEQUENCES**

Caro JJ¹, Huybrechts KF¹, Wilson DA², London GM³

¹Caro Research Institute, Concord, MA, USA; ²Genzyme Corporation, Cambridge, MA, USA; ³Centre Hospitalier F.H. Manhès, Fleury-Mérogis, France

OBJECTIVES: The safety and efficacy of Renagel® (sevelamer hydrochloride) in binding phosphate in patients with end stage renal disease and its ability to attenuate the progression of cardiac calcification has been well documented but not the longer-term health and economic consequences. Thus, a model of the predicted long-term consequences of Renagel® compared to calcium-based binders (acetate and carbonate) was developed. **METHODS:** Long-term cardiovascular implications of one year of treatment with phosphate binders in patients on hemodialysis are estimated based on the patient's demographics, co-morbidities, and physiologic and renal parameters. The initial calcification score and expected changes over one year are derived using regression equations developed from the Treat-to-Goal study and translated to cardiovascular disease risk based on equations developed from a long-term cohort study (London). The implications of cardiovascular disease for life expectancy and medical costs are accounted for from a US payer perspective. **RESULTS:** In a population of 100 patients, the cardio-protective effect of Renagel® over 1 year is estimated to prevent 9 future cardiovascular events and to save 18 life years compared with calcium acetate; and 10 events and 18 life years compared to carbonate. These events would cost \$205,600 and \$226,700 to manage. These benefits are obtained at a net cost of about \$37,900 and \$19,500, respectively. The incremental cost-effectiveness ratios amount to \$2200 and \$1100 per (discounted) life year gained; and \$4400 and \$2300 per cardiovascular event prevented. **CONCLUSIONS:** Widespread use of Renagel® for treatment of hyperphosphatemia in patients on hemodialysis may seem like just another burden on already strained health care resources. In the context of dialysis, at a median cost-effectiveness ratio of \$46,000 per life year gained, the results of this study provide evidence that such intervention would be economically sound.

PUK9**ECONOMICAL IMPACT OF SACRAL NERVE STIMULATION THERAPY IN 62 PATIENTS WITH LOWER URINARY TRACT DYSFUNCTION**

Cappellano F¹, Bertapelle P², Spreafico L³, del Popolo G⁴, Kocjancic E⁵, Donelli A⁶, Ponzi P⁷, Giardiello G⁷, Caprari F⁸, Catanzaro F¹

¹Multimedia Milano, Sesto San Giovanni, Milan, Italy; ²CTO CRF-MA, Turin, Turin, Italy; ³E. Franchini Hospital, Montecchio Emilia, R E, Italy; ⁴Ospedale Careggi, Firenze, Firenze, Italy; ⁵Ospedale Maggiore della Carità, Novara, Novara, Italy; ⁶Medtronic Europe, Tolochenaz, vaud, Switzerland; ⁷Medtronic Italy, Sesto San Giovanni, Milan, Italy; ⁸Centro Studi Fondazione Medtronic Italia, Sesto San Giovanni, Milan, Italy